

**Community Service Network 7 Meeting
DHHS Offices, Biddeford
November 8, 2007**

Approved Minutes

Members Present:

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| <ul style="list-style-type: none"> • Don Burns, AIN • Jennifer Goodwin, CSI • Lois Jones, CSI • Deanna Mullins, Goodall Hospital | <ul style="list-style-type: none"> • Jeanne Mirisola, NAMI-ME Families • Elizabeth Sjulander, Saco River Health • Chris Souther, Shalom House • Rita Soulard, SMMC | <ul style="list-style-type: none"> • Mary Jane Krebs, Spring Harbor • Wayne Barter, VOA • Steve Mazza, York County Shelters |
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Members Absent:

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| <ul style="list-style-type: none"> • Center for Life Enrichment (vacant) • W C Martin, Common Connection & TPG (excused) • Creative Work Systems | <ul style="list-style-type: none"> • Mark Jackson, Harmony Center & TPG (excused) • Job Placement Services, Inc. | <ul style="list-style-type: none"> • Sweetser • York Hospital |
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Others/Alternates Present: Ron St. James, DHHS

Staff Present: DHHS/OAMHS: Leticia Huttman, Carlton Lewis, William Nelson. Muskie School: Elaine Ecker.

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Carlton opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The October minutes were approved as written.
III. Transportation/Rep Payee Subcommittee Report	<p>Rep Payee/Transportation Wayne Barter reported that the subcommittee put most of its energy in the Rep Payee problem.</p> <ul style="list-style-type: none"> • Found that most providers do not provide rep payee services—CSI does so for its ACT team clients. • City of Portland requires the individual to have a Portland address in order to provide rep payee services, and no longer accepts VOA's Portland address to meet this criteria. • VOA is looking at providing the rep payee service within the organization—discussing with accounting staff to see if they can take it on. • Rep payee has difficult job because they sit down with client to work out what they can afford—difficult job because it is the client's money and they may not agree—can involve intensive client contact, in person and phone. <p>Ideas?</p> <ul style="list-style-type: none"> • Have case managers do it, as they do in MR Services? Members discussed the difficulties involved in trying to blend the case management relationship with handling a client's money, as well as the difficulty with billing aspects, if done by a case manager. Rep payee services should be separate. • What about setting up a bill-paying service with a bank? Members discussed the possible risks and benefits. Risks: 1) Client could go to the bank and change arrangement at will; 2) could put banks in awkward position—might now know how to deal with mental health issues. Benefits: Some clients would really benefit from an automated system—it would give them assistance, but would be less intensive and better suited to their capabilities and level of independence.

Agenda Item	Presentation, Discussion
	ACTION: Wayne will have a conversation with Bangor Savings Bank to explore possibilities, since VOA has a longstanding relationship with that bank.
IV. Data Update re: Spring Harbor Gatekeeper Function	<p>Mary Jane distributed a handout of updated data re: Spring Harbor's gatekeeper function for Riverview admissions from Feb 21 through Oct 31, including breakdown for Sept and Oct of those "Withdrawn/Treated Elsewhere" and location of referrals.</p> <ul style="list-style-type: none"> • Dispositions of those withdrawn/treated elsewhere included: admitted to Acadia; admitted to crisis unit, treated outpatient, treated Dorothea Dix, referral withdrawn (things can change over time involved in admission process). • The majority of referrals came from community hospital psychiatric inpatient units. • Spring Harbor and Acadia have informal agreement to take patients if either is full and person doesn't need Riverview or Dorothea Dix, but can't be treated effectively in the community. • The gatekeeper function is helping to treat people closer to home in community hospitals and better utilizing Riverview beds for longer-term stays. Has helped reduce Riverview's waiting list. <p>The group also discussed use of forensic beds at Riverview and admissions from jails to Spring Harbor. Bill Nelson said that 90-95% of their forensic beds are utilized for court ordered assessments of competency to stand trial, and 10% (2-3 out of 44 beds) for suicidal or psychotic inmates from jails. Mary Jane explained that Spring Harbor does admit people from jails, and that they are treated just like anyone else in the unit. The unit is locked and people are not allowed outside. There is a chance they could get out, but they are not treated any differently.</p>
V. Budget Workgroups Update	The Work Groups continue to meet and are coordinating results between and among the three groups. More information next meeting.
VI. Other	<p>Consent Decree Compliance Plan</p> <p>Bill reported that the Court had approved a Consent Decree Compliance Plan, saying the standards are now set for both hospital (Riverview) and community mental health. Most standards must be met three of four quarters, he said, noting there's still a lot of work to do, but they hope to meet all of the hospital standards by next spring.</p> <p>Mark Jackson and WC Martin couldn't attend today due to car problems.</p>
VII. Public Comment	There were no comments from members of the public.
VIII. Agenda for Next Meeting	Update on budget/legislation/budget work groups.